

FIG. 1

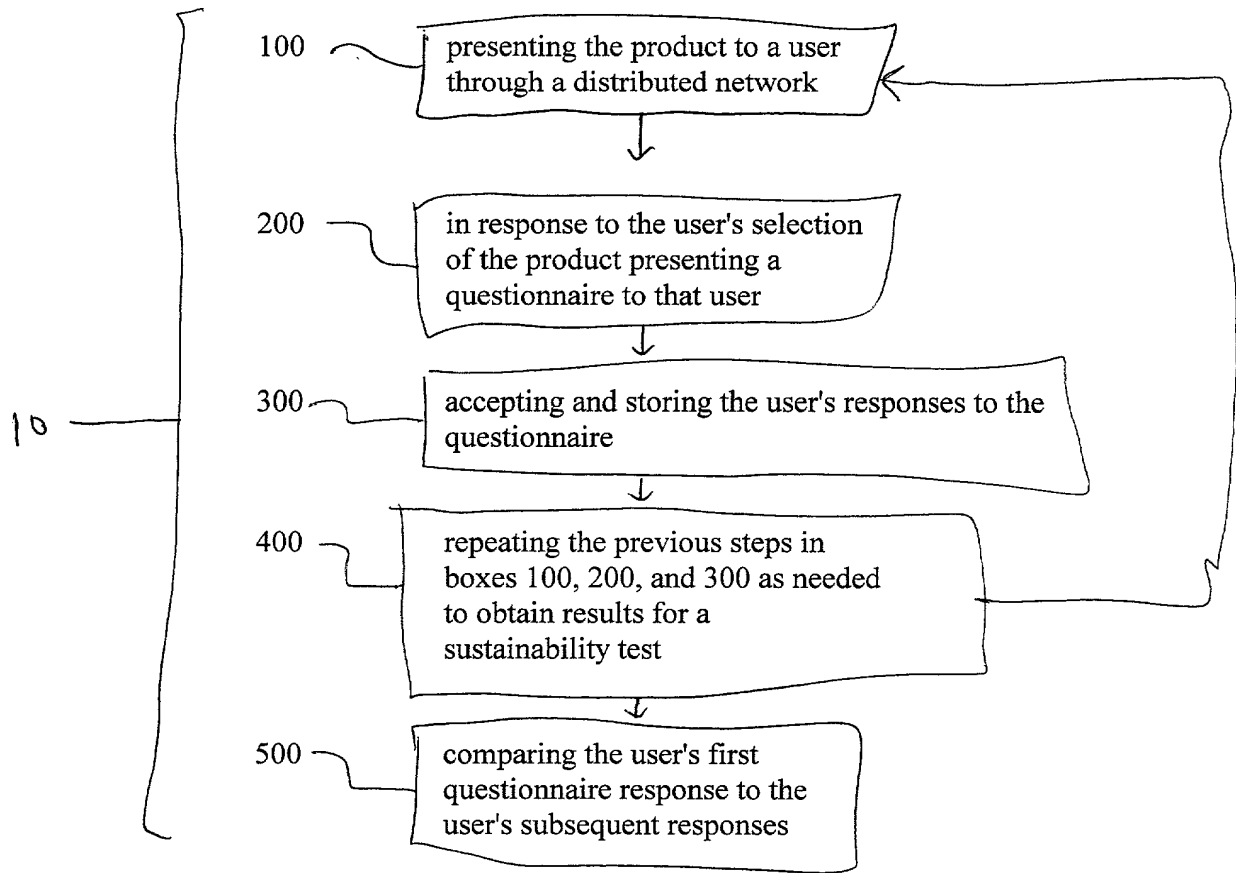


FIG. 2

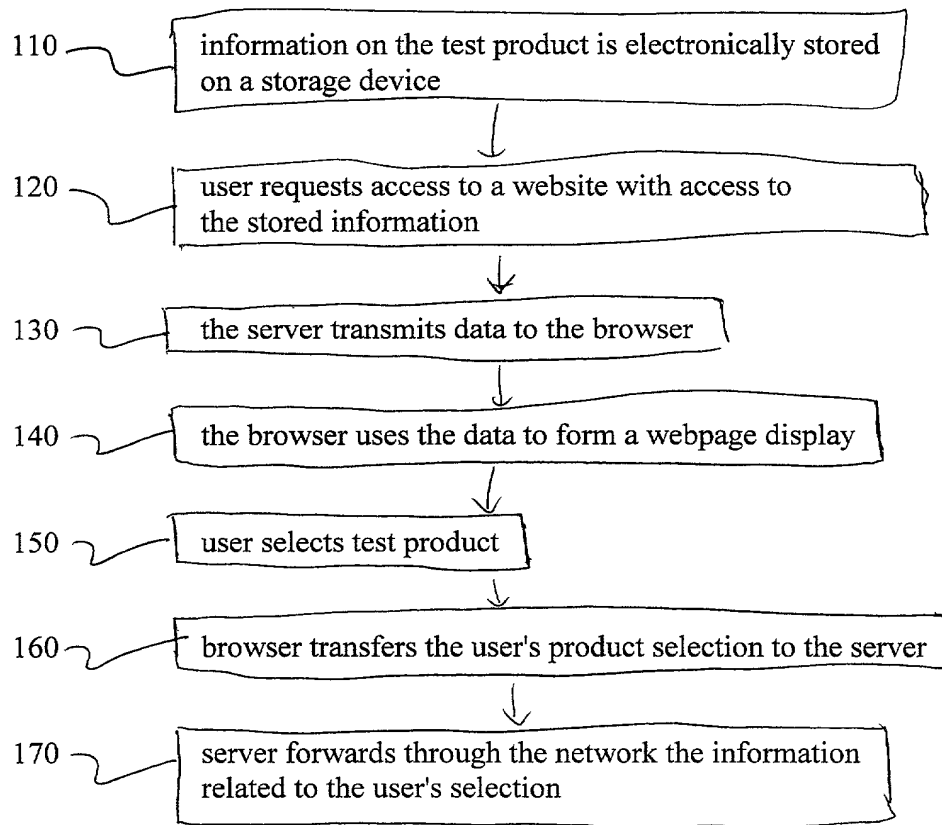


FIG. 3a

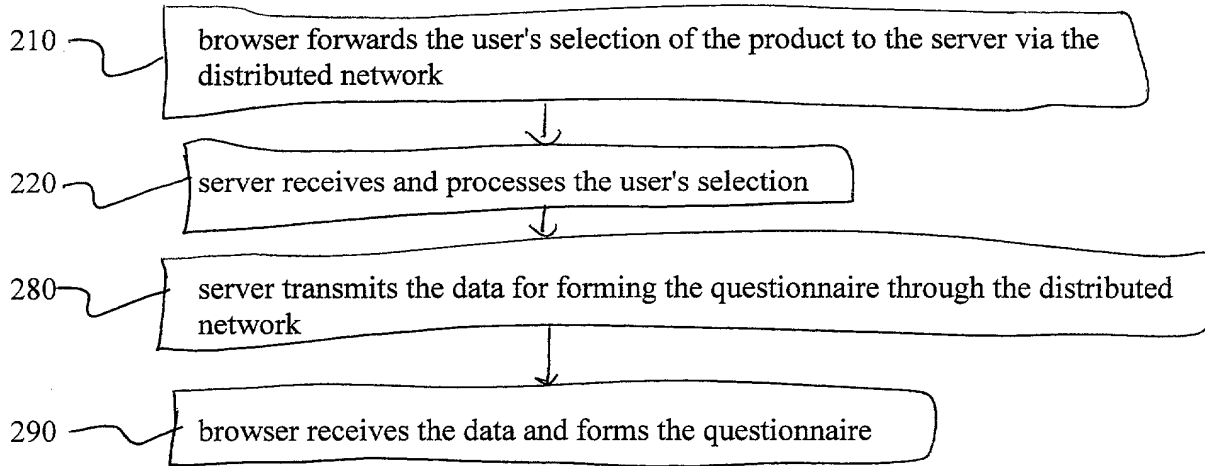


FIG. 3b

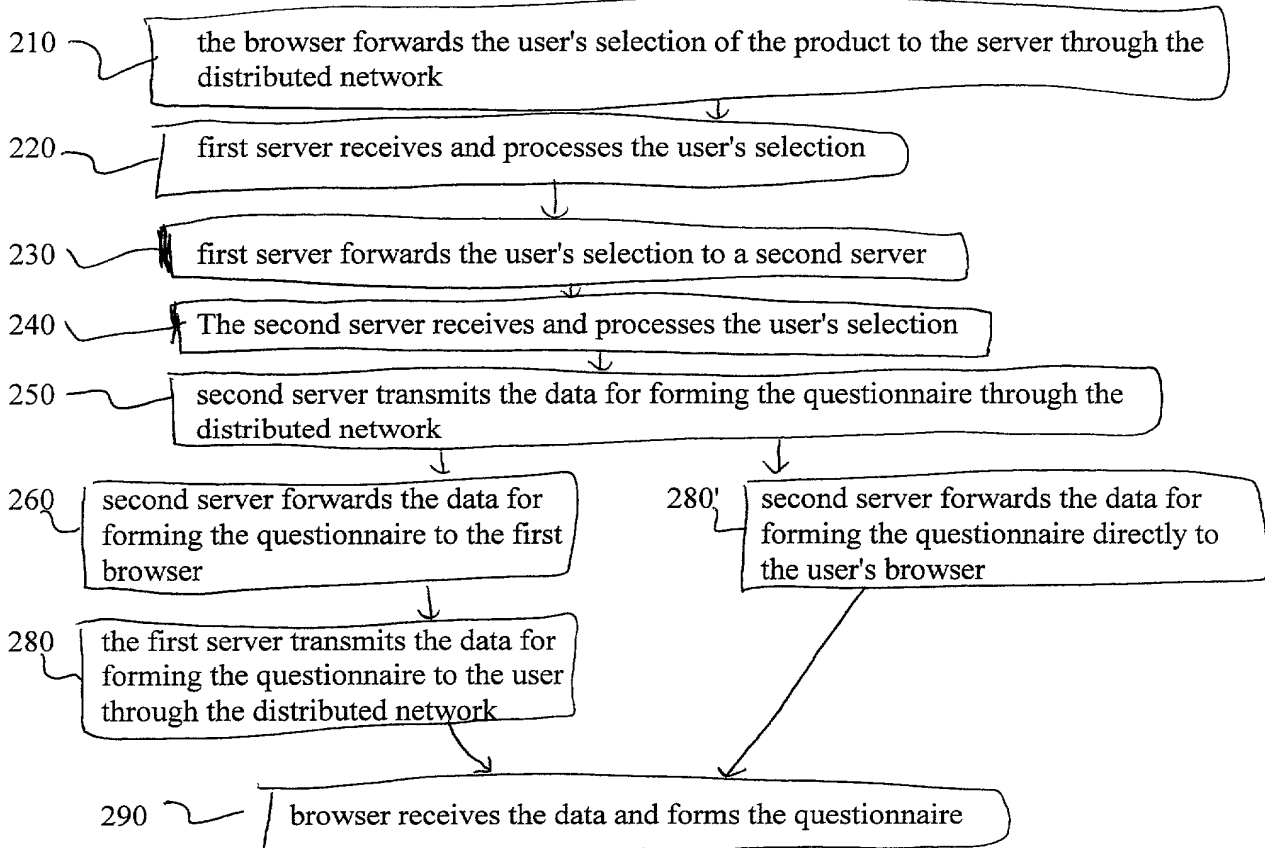


FIG. 4

DEMOGRAPHIC SURVEY

Your responses are confidential.

INSTRUCTIONS:

Enter the number of your answer, to the following questions,

A. When was the last time you participated in a taste test?

1. Within the last 3 months
2. Within the last 4-6 months
3. Longer than the last 6 months
4. Never

B. Please indicate your gender.

- 1 Male
- 2 Female

C. Please indicate your age group.

1. Less than 13 years
2. 13 - 17 years
3. 18 - 25 years
4. 26 - 35 years
5. 36 - 55 years
6. 56 - 65 years
7. Over 65 years

USE THE FOLLOWING SCALE FOR D - H.

1. Eat at least once a day
2. Eat at least once a week or more
3. Eaten at least once in the last month
4. Eaten at least once in the last (2) two months
5. Eaten at least once in the last (3) three months
6. Eaten at least once in the last (6) six months
7. Eaten more than 6 months ago or never

D. How often do you eat Salty Snacks ?

(such as potato chips, tortilla chips, corn chips, pretzels, cheese puffs, popcorn) [use above scale 1-7]

E. How often do you eat Sweet Snacks ?

(such as candy, cookies, sweet baked goods) [use above scale 1-7]

F. How often do you eat Snack Crackers ?

(such as flavored crackers, graham crackers, sandwich crackers, multi-grain or wheat crackers) [use above scale 1-7]

G. How often do you eat Potato Chips ?

[use above scale 1-7]

H. How often do you eat Flavored Tortilla Chips ?

(Tostitos, Doritos, Mission, Santitas OR other brands)
[use above scale 1-7]

THANK YOU!

* We appreciate your participation. *

FIG. 5

